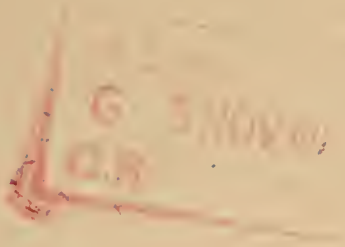
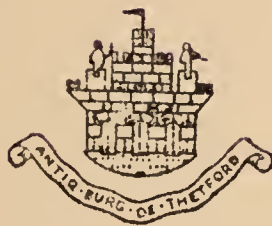


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BOROUGH OF THETFORD



ANNUAL REPORT  
THE  
MEDICAL OFFICER OF HEALTH  
TOGETHER WITH THE  
REPORT OF THE  
PUBLIC HEALTH INSPECTOR  
FOR THE YEAR  
1959.

STAFF:

Medical Officer of Health

N. T. W. Pover, L.M.S.S.A., L.R.F.P.S., L.R.C.S., D.P.H.

Public Health Inspector

R. C. R. Robinson, M.A.P.H.I., A.R.S.H.

COMMITTEES concerned with matters of PUBLIC HEALTH

Public Health, Highways and Town Planning Committee

Waterworks Committee

Parks and Pleasure Grounds Committee

GENERAL STATISTICS

Area in acres.....	7,096
Population (estimated at mid-year by Registrar General) ..	4,910
Rateable Value.....	£48,742
Product of ld. Rate.....	£200

# ANNUAL REPORT

of the

## MEDICAL OFFICER OF HEALTH

for the year ended 31st December, 1959  
To the Thetford Borough Council.

Madam Mayor, Aldermen and Councillors,

I have the honour to present my Annual Report for the year 1959.

The Health of the community depends on conditions which are related to current economic and social circumstances. With changes in living standards new health problems arise and old problems lose their importance or acquire new significance. By the way of illustration let us consider the changes which have taken place during the last 50 years.

At the beginning of the century, life expectancy was 50 years for men and 53 for women, in 1955 the corresponding figures were 68 and 78. One third of the causes of death were due to infectious disease, today the proportion is less than one fifteenth. In 1938 there were 311 deaths from scarlet fever and 2861 deaths from diphtheria. In 1958 the total number of deaths from both diseases was 12. To take another example, there were 2383 deaths from whooping cough in 1941 compared with 27 in 1958.

At the beginning of the century, the danger to the health of the community arose chiefly from recurrent outbreaks of water-borne infectious diseases such as cholera and typhoid originating from the insanitary conditions so prevalent at that time. These were replaced by diseases resulting from inadequate nutrition such as rickets which has almost disappeared since the advent of the Welfare State. Today the important social illnesses are Peptic Ulcer, Coronary Thrombosis, Diabetes and a variety of neuroses, in other words, illnesses which are known to be associated with stress which is what we would expect when we consider the increased tempo of life today compared with years ago.

The early Medical Officers of Health were often Consultants in Infectious Diseases Hospitals because it was thought that their specialised knowledge would be most useful to the community. With the passing by Parliament of numerous Acts aimed at improving social welfare, the duties of the Medical Officer of Health have increased to embrace a much wider field, in fact he has recently been defined as a "Consultant in Omniscience."

Today life is more complex and fast, more alcohol and tobacco are consumed and the standard of living for most people is better than ever before as shown by the increasing number of cars on the roads, T.V. sets in the home and the increasing amounts of H.P. Commitments taken out by the public.

What then are the community problems of today? Many would seem to arise directly from this increased prosperity and from an undue emphasis on the importance of materialistic values to the exclusion of all others.

Juvenile Delinquency has increased from 13,000 cases in 1913 to 38,000 in 1956 and the eight deaths from diphtheria which occurred in 1958 equals the number of people killed by violence every three hours of the day and night in England and Wales. Why should there be this emphasis on violence? There would appear to be a lack of discipline and of self denial, a tendency to do less and less work for more and more pay. The cry today is for more leisure. What is the use of this leisure if it cannot be put to proper use? We all know of the tradesman or odd-job man who is prepared to use his leisure time doing a variety of jobs to earn extra money. Such activity defeats the whole purpose of leisure which should be a change mentally and physically from everyday work.



Good food in plenty, adequate shelter and clothing, congenial work and a sense of security play a most important part in the promotion of health but it is a mistake to imagine that the Welfare State is the complete answer to every problem. Today more housewives than ever before are going out to work and while there can be no doubt that in some cases this is a necessity, there are many more where the additional income is used in an attempt to "Keep up with the Jones". Sooner or later someone must suffer and in my opinion where there are children, that "someone" is always a child. No substitute can replace the position of the mother in her home and no job can compete with the satisfaction of running a happy home. Children require security and affection in addition to material care. The child returns to an empty house, there is no-one to listen to his tales of the day and the housewife rushing home from work, often weary and dispirited, has only time to prepare a quick snack instead of good family meals.

Much has been said about the dangers of T.V. In my opinion the great danger of T.V. is its insidious ability to stifle individual thought and activity. The human brain often has an inherent laziness. Most of us know how much easier it is to read a sensational Novel than an Advanced Text Book but once the initial effort has been made, the process of learning becomes more easy and just as an athlete can train his muscles to reach peak condition, so can the brain be trained to reason and memorise. Vision is the easiest form of impression and while some T.V. Programmes are educational, there is no doubt that the majority are designed to stifle all individual constructive thought. This has been defended on the grounds that they have public appeal, a sad reflection on the intellect of the public.

There has been a similar change in the causes of mortality of the younger age group. Infectious and respiratory diseases which were the main cause of death 50 years ago have been reduced and replaced by congenital and hereditary defects and various forms of heart disease, whilst in adolescence Typhoid and Tuberculosis have been replaced by Accidents on the roads and at home. In 1959 there were 6026 deaths from road accidents and 4558 deaths from various other accidents compared with 5439 and 4613 in 1958. Accidents kill more children over 1 year old than any disease in Western Countries. The main causes of accidents in the home are :-

1. Falls, Chiefly among the elderly.
2. Poisoning.
3. Burns.
4. Suffocation, especially of children under 5 years. This usually results from the use of plastic bags and bibs which are accidentally inhaled. They become adhesive when moist and obstruct the respiratory tract. Some deaths are caused by allowing babies to feed themselves from a bottle. The feed is regurgitated and passes into the respiratory passages. Many accidents result from the use of electric fires and from linoleum which becomes wet and slippery in bathrooms. Mirrors over fireplaces are also dangerous. All fires should have a guard; medicine and household poisons should be kept under lock and key and electrical repairs left to experts.

The National Death Rate for various forms of Cancer has again increased from 19,820 in 1958 to 21,063 in 1959, of which 18,181 were men and 2,882 women. We do not know the reasons for this increase, some of which is undoubtedly due to better methods of diagnosis. In 1957 the Medical Research Council issued a statement on "Tobacco Smoking and Cancer of the Lung" in which the main conclusions were as follows :-

1. There has been a great increase in the past 25 years in the deaths from lung cancer in Gt. Britain and other countries.
2. A small proportion of the increase can be attributed to specific industrial hazards.
3. A small proportion of the increase can be attributed to atmospheric pollution.
4. The major part of the increase is associated with tobacco smoking, especially cigarettes.
5. Several carcinogenic substances have been identified in tobacco smoke. The age groups 45 - 64 have the highest mortality.



In addition, recent work has shown that women who smoke heavily during pregnancy have smaller babies than those women who abstain.

Coronary Thrombosis. This is the great epidemic disease of modern times. There were 84,920 deaths in 1959 of which 52,192 were male and 32,728 females compared with a total of 84,041 deaths in 1958. It has a special importance in that it often kills men at the height of their careers. The disease is more common among the overweight, sedentary, professional and executive class. Investigations have shown a relationship between coronary thrombosis and lack of exercise. It was found that the incidence of the disease was more common in 'bus drivers than in 'bus conductors who are on their feet all day. It is well known that patients confined to bed especially after surgical operations tend to get thrombosis of the veins in the leg. One of the factors involved would appear to be an increase in the blood viscosity due to lack of exercise. A common example of the "Coronary Type" is the overweight, overworked executive who rides in his car to his office, sits at his desk all day, has a heavy "expense account" luncheon, then rides back to his home. Probably he is a heavy smoker and drinker. Part of the increase in cases of coronary thrombosis is undoubtedly due to the increasing number of car owners who use their car on the slightest pretext. Where possible, the car should be left in the garage and the owner should walk to work thus obtaining the regular exercise which increases blood circulation and lessens the risk of clotting. Much has been said about the relationship of coronary thrombosis and the excess consumption of animal fat. The exact relationship has not yet been proved, but it is of interest to note that the Israelites were forbidden to eat in any manner of fat, "of ox, or of sheep or of goat." (Leviticus Chap. 7, verses 22-24).

Regular exercise and moderation in diet would appear to be the best way of reducing the incidence of coronary thrombosis.

Food Poisoning. Although general outbreaks tend to fall, family outbreaks (same family) are still high throughout the country.

There are now a wide variety of processed foods available, prepared under excellent conditions in modern factories but they require intelligent handling and storage. Foods which do not require cooking can easily become contaminated and it is important to read the instructions on the labels of foods which have been processed or partly prepared as the directions are related to the amount and kind of treatment it has had and the storage it needs. Special care is required in summer regarding the length of storage. Bacteria multiply quicker in warm weather and the food may appear wholesome to all intents and purposes.

The most important preventative measure is handwashing before handling food. Food should never be left in a warm kitchen or warm oven to cool slowly. It should be protected against flies which circulate between food, faecal matter and refuse, carrying myriads of bacteria on their feet. Diseases carried by flies include diarrhoea, poliomyelitis, typhoid and dysentery.

Wounds and sores should be covered with a waterproof dressing to prevent bacteria from such wounds reaching food which provides an ideal culture medium.

The time is approaching when a refrigerator should be regarded as a necessity and not a luxury.

No cases of food poisoning in Thetford were reported during the year.

Housing. The availability of good housing is determined by National Policy. At present there is a Government subsidy only for slum clearance, "overspill" houses and new towns. It is important to keep the place of employment near housing estates otherwise travelling expenses will be heavy.

In expansion areas, mothers agree that children have benefited by the change from congestion to open air. The children tiring from beneficial effects of the healthy air, are usually off the streets by 9 p.m. as compared with the much later hours kept by city children. Husbands often take an interest in the garden thus benefiting from the fresh air and exercise. It has been found that children adapt themselves to new schools and a new environment but women miss friends and relations. The first twelve months in new areas are the most critical. Problems which are almost certainly to arise include lack of amenities for teenagers and inadequate bus and railway communications with large towns.

Fewer shops and absence of shopping centres with consequent inability to "window-gaze" - so important to a woman's morale. The lack of shops may lead to higher prices through lack of competition. There may also be lack of facilities providing further education and training of apprentices and young people.

There has been no decrease in the number of applications received for re-housing on Medical Grounds and it is becoming customary for General Practitioners and Hospital Specialists to support a person's application to the housing authority. Such Medical Certificates usually fall into one of the following groups :-

1. Persons with respiratory defects.
2. Persons with cardiac defects.
3. Persons with Psychological disturbances.
4. Persons with various types of Arthritis.
5. Overcrowding.

Overcrowding as such is not regarded as a medical reason for re-housing because it is defined by law and is dealt with by the Public Health Inspector. There appears to be an increasing tendency for young people to get married and then expect the Council to provide a house. This is all part of an increasing tendency for the public to expect the Welfare State to be the Universal Provider.

The number of applicants on the housing list in Thetford at 31st December

<u>1959</u>	<u>1958</u>
150	142

9 requests for rehousing on Medical Grounds were dealt with in 1959.

8 were considered to be valid and were recommended. 6 were rehoused by the Council.

#### Problem Families.

Every community has long been aware of a core of families needing a disproportionate amount of care, supervision and help. They have been defined as families presenting an abnormal amount of subnormal behaviour over long periods with a marked tendency to backsliding. Either or both of the parents are often unstable or ineducable characters. Such families resist every effort at rehabilitation. The number in the country varies between 1 family per 1,000 and 3 per 1,000. The causes are uncertain, defects of intelligence, character and temperament combined with neglect and poor upbringing play an important part. The children are often reasonably well fed and the family may be happy and affectionate.



In this area, Case Conferences are held under the Chairmanship of the County Council Children's Officer. Representatives of Welfare, Home Help Organisation, Probation Services, N.S.P.C.C., National Assistance Board and the District Medical Officer attend. Each case is discussed and information pooled. Acting on this, a co-ordinating officer is appointed to visit the family as it is felt that too many visitors to the house may cause resentment by the family.

This is a National Problem, without constant supervision these families soon deteriorate, but the main difficulty is due to shortage of staff. Any help given should stimulate, not demoralise. Sometimes rehousing may help but there may be an understandable reluctance to provide this. It is agreed that eviction should be avoided at all costs. Apart from the high cost of maintaining an evicted family in a County Council home, there is the harmful effect on the child of seeing his world destroyed and the family broken up.

### Pulmonary Tuberculosis.

There has been a marked decrease in the number of deaths from this disease in England and Wales. In 1950 the number of deaths from this disease was 14,079 and in 1958 the corresponding number of deaths was 3,999.

With advances in chest surgery and chemotherapy, tuberculosis is becoming the least serious of the chronic diseases. A personal experience may illustrate this change. In 1952 I worked at a large sanatorium in the North West. The waiting list for a bed apart from emergency cases was then approximately nine months. When I left in 1954 there was no waiting list and I understand that now many of the wards are being used to treat other chronic chest conditions.

However, the list of notifications continues to be high, due in some measure to the increasing number of chest X-rays being taken for various purposes.

The main problem today is the detection of the undiagnosed pool of chronic tuberculous people, especially elderly males who are often regarded as "Chronic Bronchitides."

Miniature Mass Radiography and Community X-ray surveys play an important part in finding these cases.

During the year a scheme of B.C.G. Vaccination of school leavers was carried out in the area. Briefly, the scheme involves a preliminary injection to determine which group are considered to be susceptible to Tuberculosis. This group is then offered further vaccination with an attenuated vaccine. The vaccine is also offered to all tuberculin negative contacts of known cases by chest physicians.

Details of B.C.G. scheme in Health Division 6 are given below :-

Total number eligible	1,212
Number tested	356
Number vaccinated	269
Acceptance rate	29.5%
% requiring vaccination	75%

### Number of cases on the register during past three years.

Year	Respiratory T.B.			Non-Respiratory T.B.			Grand Total
	Male	Female	Total	Male	Female	Total	
1959	11	10	21	3	1	4	25
1958	8	14	22	3	2	5	27
1957	8	10	18	3	1	4	22

1 new case of Pulmonary Tuberculosis was notified in 1959.

### Infectious Diseases.

During the past year the number of cases of poliomyelitis notified in England and Wales has shown a welcome decrease. No cases were notified in Thetford. This reduction is even more satisfying after the exceptional summer of last year when conditions for the multiplication of the virus could have been considered to be most favourable. Whilst it is early to calculate all the factors responsible for this reduction, immunisation against poliomyelitis undoubtedly plays an important part. The immunisation figures for diphtheria and smallpox continue to be disappointing. Nowadays, as a result of press publicity, poliomyelitis and tetanus have acquired a certain notoriety and diphtheria and smallpox have been relegated to a place in the background. In my view this is a misinterpretation of facts. No one of these diseases is more important than the other, granted diphtheria and smallpox are rare but rarity is a direct result of immunisation measures. Once the immunity level of the population falls, diphtheria can return and there is no more serious illness in a child. 34 cases were notified in England and Wales in the quarter ending 31st December, 1959. Tetanus is still a very rare disease, for example in 1957 there were 19,028 deaths from Cancer of the Lung and only 46 deaths from tetanus in England and Wales. In Norfolk which has a high ratio of incidence in proportion to other parts of the country there was one case of Tetanus per 65,000 population. Smallpox is kept under control by strict vigilance at air and sea ports and by vaccination of all known contacts.

The conclusion is obvious. Immunisation to be complete must include protection against diphtheria, whooping cough and smallpox and not only those diseases which reach the news headlines.

Immunisation is painless and without after effects. Each of the three injections required also confers protection against tetanus and whooping cough which is still a serious childhood disease.

25 cases of infectious diseases were notified in Thetford in 1959, details are given in Table XI on Page 11.

### Milk and Dairies Regulations, 1949.

Since 1957 the district has been a specified area in which only specially designated milk may be sold, i.e. pasteurised, tuberculin tested or sterilised milk but there is always the possibility that milk from untreated cows may be drunk by the owners or their employees or members of their families. Vice versa, milk can be infected by milkers and it is important that the health of the milkers should be satisfactory. Milk produced under clean conditions can transmit many diseases such as tuberculosis, scarlet fever, typhoid fever, dysentery and undulant fever; the latter, known also as Brucellosis, can cause prolonged illness and absence from work although the mortality is low. Officers of the County Public Health Department carry out routine bulk samplings of herds and milk from an infected animal has to undergo some form of heat treatment which kills the responsible organisms before being allowed for sale.

No action under the Milk and Dairies Regulations was necessary during the year.

### General Administration of the Health Services.

Thetford Municipal Borough, Swaffham Rural and Urban Districts and Wayland Rural District together constitute Health Division No. 6 for the purpose of carrying out those duties which are the responsibility of the Norfolk County Council under Part III of the National Health Service Act. Such services include the following :-

- The care of Mothers and Young children.
- Vaccination and Immunisation.
- Home Nursing and Midwifery.
- Domestic Help.
- Mental Health.



Some services are the responsibility of the Area Medical Officer who is also responsible for certain duties under the Education Act and who in addition, is Medical Officer of Health to the four County District Councils. The Local Health Office is at Tanner Street, Thetford (Te. No. Thetford 3286). There are nine Health Visitors and nine Midwives who attend 16 centres throughout the area (details can be obtained from the local health office). A doctor attends clinics where there is an attendance of 25 or over.

Vaccination and Immunisation. This is carried out by the County Health Authority and by Local General Practitioners.

Some figures giving details of immunisation against Poliomyelitis may be of interest.

<u>Age Group</u>	<u>Number of persons vaccinated with three doses (to 31.12.59)</u>
Pre school children	882
School children	5,306
Expectant Mothers	210
15 - 25	466
Total (Health Div.No.6)	<u>6,858</u>

Ambulance Service. This is operated by the St. John Ambulance Brigade and the British Red Cross Society, by arrangement with the County Council.

Domestic Help Services.

7 Occasional Home Helps were employed during the year covering 14 cases in Thetford.

National Assistance Act, (1948)

No cases were dealt with under Section 47.

The Future.

At the beginning, I attempted to show very briefly the changes which have taken place in Public Health during the past 50 years. What are the problems of the immediate future?

1. The Elderly.

Firstly, I think the change in age structure of the population will be a major problem. There are now three million more persons over 70 than in 1900 and by 1975 according to the Registrar General, the number of persons over 65 will have increased by two million and will represent 1 in 7 of the total population. 13% of males and 17% of females over 65 years are aged 80 and above. Loneliness is one of the main problems. 400,000 old persons were living alone in 1951. The re-housing of younger members of the community makes it difficult for them to visit or to live near their aged relatives. Many elderly persons require nursing and domestic help from the community. Old Age Pensioners can be classified in three main groups :-

1. Those able to look after themselves.
2. Those requiring a certain amount of help.
3. Those confined to bed.

The main illnesses affecting the elderly are arthritis, circulatory troubles, malnutrition and mental deterioration.

## 2. Radioactivity.

After every series of atomic explosions there is a rise in the atmospheric content of radioactive substances especially of strontium 90. This is carried as dust by air currents and deposited on grass, from there to milk and from milk to humans. Prolonged exposure to radiation is known to cause certain diseases, e.g. leukaemia and some bone tumours. The danger is that we do not know the minimum threshold dose. Radiation injury is the only known injury that can be passed to descendants.

Radio Active contamination is not mentioned in the Food and Drugs Act of 1955 which is the main Act dealing with Food Hygiene standards although the Radio Active Substances Act which received the Royal Assent in June, 1960 requires, among other things, registration of all users of radioactive materials and of premises where such materials are kept.

## 3. Noise.

It is scarcely necessary for me to draw your attention to the alarming increase in noise during the past year. Our ears are assailed on all sides by a variety of noises originating from industry, road traffic and aircraft. Continued exposure to noise often leads to deterioration in hearing. In the United States hearing loss due to industrial noise has been admitted as a proper claim for compensation. It is always difficult to prove that a certain noise is prejudicial to health. Proper planning is part of the answer and noisy industries should be sited away from housing sites.

In conclusion I would like to state that many of the details given in this report represent many hours of work by the Staff of the Public Health Department of the Council and of the Local Health Office in Thetford and I take this opportunity of expressing my thanks to them for their efforts and co-operation.

I have the honour to be,

Your obedient Servant,

M. T. F. COVER,

Medical Officer of Health



THETFORD MUNICIPAL BOROUGH

Summary of Vital Statistics.

The Estimated mid-year population was 4,910, an increase of 120 over the previous year.

86 Live Births of which 7 were illegitimate were registered during the year compared with 76 in 1958.

The Birth rate was 17.4 per 1,000 population compared with 15.9 in 1958. (That for England and Wales was 16.5).

There was 1 stillbirth giving a stillbirth rate of 0.2 per 1,000 population and a stillbirth rate per 1,000 total live and stillbirths of 11.4. (England and Wales was 20.9)

The total number of deaths 67 (excluding stillbirths) compares favourably with 74 last year giving a death rate of 13.6 per 1,000 estimated population (England and Wales 11.6)

The reduction in deaths is mainly due to those resulting from Bronchitis, Pneumonia and notifiable infectious diseases.

There were two infant deaths under one year (both legitimate children) giving an infant mortality rate of 23.4 per 1,000 live births, (England and Wales 22.0). The causes of death were septicaemia and prematurity.

No maternal deaths occurred during the year and there were no deaths from notifiable diseases.

The Birth and Death rates are, therefore, about equal to those for the remainder of the country.

TABLE 1. - Comparability Tables for 1959.

	<u>England and Wales</u>	<u>Norfolk</u>	<u>Thetford Municipal Borough</u>
Birthrate per 1,000 population.	16.5	17.06	17.4
Stillbirth rate per 1,000 total births.	20.9	20.9	11.45
Deathrate per 1,000 population.	11.6	11.86	13.6
Infant Mortality rate per 1,000 live births.	22.2	19.01	23.4

Vital Statistics.

	<u>1959</u>	<u>1958</u>	<u>Increase</u>
Estimated Mid-Year Population by Registrar General.	4,910	4,790	120
Area (in acres)	7,096	7,096	
Number of inhabited houses			
Council houses	509	448	61
Other       "	1,170	1,183	
Rateable value	£48,742	£41,254	£7,488
Product of Penny Rate	£ 200	£ 162	£ 38

BIRTHS.

Table II. - Live Births.

	<u>Male</u>	<u>Female</u>	<u>Total</u>
Legitimate.	40	39	79
Illegitimate	5	2	7
Total:	45	41	86

The Birthrate per 1,000 estimated population = 17.4  
 " " " " " " (England and Wales) = 16.5

The comparability factor, the ratio of the national to local fertility index = 1.03

% of illegitimate live Births to total live Births = 8.4

Table III. - Stillbirths.

	<u>Male</u>	<u>Female</u>	<u>Total</u>
Legitimate.	1	0	1
Illegitimate.	0	0	0
Total:	<u>1</u>	<u>0</u>	<u>1</u>

The total number of live and stillbirths in 1959 was, therefore, 87.

Stillbirths and neonatal deaths (i.e. deaths under 4 weeks) are still the main causes of deaths of infants under 1 year. The main causes of stillbirths are the toxæmias of pregnancy and birth injury during labour. It would appear that skilled ante-natal and obstetrical care plays an important part in keeping these deaths at a low level.

Table IV. A summary of the population, births and birthrates and stillbirths during the past five years is given in Table IV.

TABLE IV.

	1959	1958	1957	1956	1955
Estimated Population	4,910	4,790	4,750	4,650	4,600
Total Births	87	76	96	82	88
Birthrate per 1,000 population	17.4	15.9	20.2	17.6	19.1
Total Stillbirths	1	3	1	1	2
Total Stillbirth rate per 1,000 estimated population	0.2	0.6	0.2	0.2	0.4
" " " " " total births	11.45	37.9	10.3	12.0	22.2



Infant Mortality. (deaths of children under 1 year)

There were 2 deaths, with legitimate female children giving an Infant Mortality Rate of 23.4 per 1,000 live Births (England and Wales 22.0)

The Legitimate infant death rate per 1,000 legitimate live Births = 25.0

Illegitimate death rate per 1,000 legitimate live births = 0

Illegitimate death rate per 1,000 illegitimate live births = 0

Neonatal Mortality Rate (deaths under 4 weeks per 1,000 total live Births) = 23.4

Early Neonatal Mortality Rate (deaths under 1 week per 1,000 total live Births) = 11.6

Perinated Mortality Rate (stillbirths and deaths under 1 week combined per 1,000 total live & stillbirths) = 23.0

Table V. Infant Deaths and Infant Mortality Rate for Thetford during the past 5 years.

	1959	1958	1957	1956	1955
Total No. Infant Deaths under 1 year of age.	2	3	1	5	2
Infant Mortality Rate per 1,000 births.	23.4	39.4	10.4	60.9	22.7

There has been a steady decline in the Infant Mortality Rate from 138 at the beginning of the century to 22.0 in 1959 for England and Wales. It differs from the general death rate in that it is related to a single age group, that of infants under 1 year, and is an important measure of the health of the community and its social environment.

The main causes of deaths between 4 weeks and 12 months were due to various types of infection. Although there has been a great reduction, there has not been the same improvement in infant deaths under 4 weeks as that of the older group. The main causes of death in this age group are Prematurity, Birth Injuries and Congenital Malformations, i.e. those causes relating to Birth and Pregnancy which, in turn, are directly related to skilled Ante Natal and Obstetric Care.

MORTALITY

Table VI Gives details of the deaths and deathrate for Thetford during the past 5 years.

TABLE VI

	1959	1958	1957	1956	1955
Total Deaths	67	74	62	87	101
Deathrate per 1,000 population	13.6	15.4	13.1	18.7	22.0

Table VII Gives the causes of death and sex distribution for 1959  
(from the Registrar General's Short List.

TABLE VII.

<u>Registrar General's List No.</u>	<u>Cause</u>	<u>Male</u>	<u>Female</u>	<u>Total</u>
1.	Tuberculosis, respiratory.	0	0	0
2.	Tuberculosis, other.	0	1	1
3.	Syphilitic disease.	0	0	0
4.	Diphtheria.	0	0	0
5.	Whooping Cough.	0	0	0
6.	Meningococcal infections.	0	0	0
7.	Acute Poliomyelitis.	0	0	0
8.	Measles.	0	0	0
9.	Other infective and parasitic diseases.	0.	0	0
10.	Malignant neoplasm, stomach.	2	1	3
11.	Malignant neoplasm, lung bronchus.	1	0	1
12.	Malignant neoplasm, breast.	0	3	3
13.	Malignant neoplasm, uterus.	0	1	1
14.	Other Malignant Disease.	3	1	4
15.	Leukaemia, aleukaemia.	0	1	1
16.	Diabetes	0	0	0
17.	Vascular lesions of nervous system	3	5	8
18.	Coronary disease, angina.	4	6	10
19.	Hypertension with heart disease.	8	8	16
20.	Other heart disease.	3	2	5
21.	Other circulatory disease.	1	0	1
22.	Influenza.	0	0	0
23.	Pneumonia.	0	0	0
24.	Bronchitis.	0	1	1
25.	Other diseases of respiratory system	0	0	0
26.	Ulcer of stomach and duodenum	1	0	1
27.	Gastritis, enteritis and diarrhoea.	0	0	0
28.	Nephritis and nephrosis.	1	0	1
29.	Hyperplasia of prostate.	1	0	1
30.	Pregnancy, childbirth, abortion.	0	0	0
31.	Congenital malformations.	0	0	0
32.	Other defined and ill-defined diseases.	3	3	6
33.	Motor vehicle accidents.	2	1	3
34.	All other accidents.	-	-	-
35.	Suicide.	-	-	-
36.	Homicide and operations of war.	-	-	-
TOTALS:		33	34	67



It will be seen from the table that the highest number of deaths were related to Cardiac and circulatory diseases, Malignant disease and Vascular diseases of the Central Nervous System, which agrees with the National figures.

The death rate per 1,000 estimated population	-	13.68
" " " " " " England and Wales	-	11.6

The Comparability factor, the ratio of the national to the local mortality - 0.74

Table VIII. Gives details of deaths in Thetford according to Age Groups (From returns submitted by the District Registrar)

Age Group.	Male.	Females.	Total.
Under 1 year	0	2	2
1 and under 5	0	0	0
5 and under 10	1	0	1
10 and under 20	0	2	2
20 " " 30	0	1	1
30 " " 40	0	0	0
40 " " 50	0	1	1
50 " " 60	1	5	6
60 " " 70	4	1	5
70 " " 80	12	12	24
80 " " 90	13	8	21
90 and over	0	4	4
TOTAL:	31	36	67

Table IX Gives details of the number of deaths from certain selected causes classed to age groups.

Cause.	Age Group								Total
	5-10	10-20	20-30	30-40	40-50	50-60	60-70	70-80	80+
Road accidents	1	1	1						3
Coronary thrombosis					1	3	3	3	10
Cancer of Lung					1				1
Cancer other sites			1		3	1	3	3	11
Lymphatic leukaemia		1							1
Pneumonia and Bronchitis					1		2		3
Vascular diseases C.N.S.							4	4	8

Table X. Gives details of the number of deaths from certain selected causes during past 5 years.

TABLE X.	1959	1958	1957	1956	1955
Tuberculosis, all sites	0	0	0	0	1
Bronchitis and Pneumonia	0	5	5	5	5
Other Notifiable infectious diseases	0	2	0	0	0
Road accidents	3	2	0	0	0
Pregnancy, Abortion and Childbirth	0	0	0	0	0
Cancer of the lung	1	3	1	2	1
Cancer, other sites	11	9	7	5	13

INFECTIOUS DISEASES

It is debatable whether the number of notifications is accurate, especially those figures for measles and there would appear to be in my opinion, grounds for revising the number of notifiable diseases.

With the development of modern antibiotics, diseases such as scarlet fever, pneumonia and measles to name but three, have lost their importance.

Similarly it has been suggested that Rubella, Mumps and Chickenpox should be added to the list. There is no doubt that Rubella can be harmful to the foetus if contacted by the mother during pregnancy. It would appear that it might be justifiable to allow young girls to contact the disease before marriage so that they develop an immunity. Mumps can in rare cases present complications and the only danger with regard to chickenpox is that it can be confused with smallpox. Where the situation arises, chickenpox is made notifiable.. Notification would best serve its purpose if it were strictly limited to those diseases where practical preventitive measures to protect the health of the community could be applied.

Table XI Gives details of the Notification of infectious diseases in 1959 by ages.

TABLE XI.

Disease	Under 1 yr.	1-5	5-10	10-15	15-25	25-45	45-65	65+	Total
Tuberculosis, all sites						1			1
Scarlet Fever		1	1	1	1				4
Ophthalmia Neonatorum	2								2
Pneumonia		1	1			1	1		4
Food Poisoning									0
Infective Hepatitis					1	1			2
Pueperal Pyrexia						1			1
Measles		6	2						8
Whooping Cough			1	1					2
Dysentery					1				1
TOTAL:									25

Table XII Gives details of infectious diseases notified during the past five years.

TABLE XII.

Disease	1959	1958	1957	1956	1955	Total.
Tuberculosis all sites	1	3	2	2	1	9
Cerebrospinal Fever	0	1	1	0	0	2
Scarlet Fever	4	2	1	1	0	8
Whooping Cough	2	0	15	4	2	23
Erysipelas	0	3	1	0	1	5
Ophthalmia Neonatorum	2	2	2	3	1	10
Dysentery	1	0	0	0	3	4
Measles	8	0	261	1	14	284
Paralytic Polio	0	0	3	0	1	4
Pneumonia	4	7	2	6	5	24
Food Poisoning	0	3	2	0	1	6
Infective Hepatitis	2	1	0	1	1	5
Pueperal Pyrexia	1	2	1	1	0	5
TOTAL:	25	24	291	19	30	389

The numbers of cases of infectious diseases notified in each month of 1959 are shown in Table XIII.

TABLE XIII.

Disease	Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Total
Tuberculosis, all sites								1					1
Scarlet Fever		1					1				1	1	4
Ophthalmia Neonatorum		1					1						2
Pneumonia		2	2										4
Infective Hepatitis				1	1								2
Pueperal Pyrexia			1										1
Measles			1	4	2		1						8
Whooping Cough							2						2
Dysentery										1			1
TOTAL:													25



PUBLIC HEALTH INSPECTOR'S REPORT

for the year 1959

SANITARY CIRCUMSTANCES OF THE AREA

WATER SUPPLY

The public supply is derived from a deep well into chalk north of the town and from two bore holes to the south of Barnham Cross Common.

For the first three months of the year the whole of the towns water supply was obtained from the deep well source at Mundford Road Headworks but, following the laying of new pumping and supply mains from the new headworks at Barnham Common into the existing mains network, it was found possible in April to commission one of the new bore holes and to pump direct into supply. Prior to pumping this water into supply, chemical and bacteriological samples were taken to ascertain that the water was safe and suitable for a public supply and as an added safeguard chlorination plant was installed.

The availability of this second source of supply enabled the water undertaking to meet the growing demands of domestic users and of industry and for the greatly increased requirements for building work and domestic consumption in the areas of development taking place under the Council's Town Expansion Scheme.

It was found necessary, however, to restrict the use of garden hoses due to the extremely dry summer experienced this year, but, apart from fluctuations in pressure caused by pumping direct into the supply, all other demands were adequately met. In one period of twenty-four hours during the summer the Water Engineer estimated that consumption reached the approximate figure of 640,000 gallons of which some 300,000 gallons were used for industrial purposes.

Towards the end of the year work commenced on the construction of a new 600,000 gallon capacity ground level storage reservoir at Barrow Hill south of the town and it was anticipated that this would be brought into use towards the end of 1960 when an adequate supply of water at constant pressure should be available for the needs of the expanding town.

Approximately 350,000 gallons of water were pumped per day of which 172,000 gallons per day were used for industrial purposes and 178,000 gallons per day for domestic use.

The average domestic consumption per head per day amounted to 35 gallons.

The increase in domestic consumption can probably be accounted for by the fact that a considerable quantity of water was used for gardening purposes prior to the placing of restriction on the use of hoses and also to the fact that there is an increasing tendency to use more water.

Water samples were taken at regular intervals throughout the year and submitted to the Public Analyst for both Chemical and Bacteriological examination. Copies of Chemical Analysis Reports are given as an appendix. In addition samples were submitted to the Public Health Laboratory Service for Bacteriological examination only and the results showed that the water supply to the town was bacteriologically of a highly satisfactory standard.

Practically all houses within the district have a piped water supply either direct into the house or to within the curtilage of the house. Twelve houses situated on the extreme boundaries of the district take their water from wells.



The extensions to the water mains were as follows:-

10 inch main from Barnham Common to London Road .....	1,470 yds.
8 inch main from Industrial Estate to Brandon Road .....	930 yds.
6 inch main for London County Council Residential Estate .....	600 yds.
4 inch main for London County Council Residential Estate .....	300 yds.
3 inch main for London County Council Residential Estate .....	400 yds.
6 inch main for Industrial Estate .....	470 yds.
6 inch link main from Vicarage Road to Magdalen Street .....	435 yds.
3 inch main in Melford Bridge Road .....	230 yds.

#### BATHING STATION ON RIVER

Samples of water from the River Little Ouse were submitted to the Public Health Laboratory Service for bacteriological examination. With the results of the examination and investigation carried out upstream from the bathing pool it was considered that the water was quite safe for bathing purposes.

#### DRAINAGE AND SEWERAGE

During the year work proceeded on Contract "D" for the reconnection of sink and bath wastes of 202 properties to the foul sewer and thereby providing a drain within the curtilage of these premises to which a water closet could be connected. This contract also included all premises on the line of the sewer having a cesspool and allowed for their free connection to the sewer and for emptying, filling and sealing of the cesspools. Contract "D" is the final stage of the reconnection scheme and, when completed, will give all premises in the district, having the right of reconnection, a drain almost by the back door which is linked with the foul sewerage system; this work will greatly reduce the costs for the conversion of insanitary pail and vault closets to water closets. To encourage owners still further to connect their premises, grants are available for £20 or half the cost of a complete connection whichever is the least, or of up to £10 for the connection of a water closet only where the Council have themselves reconnected the sink wastes free of charge.

35 properties only with vault or pail closets as sanitary accommodation were converted and connected to the sewer. 33 applications for grants were received and authorised for payment by the Council.

There are still 139 pail closets and 26 vault closets being used in the town area, but it is to be hoped that owners will quickly take advantage of the grants available, and of the work already done by the Council free of charge, to provide proper modern sanitary accommodation for their houses.

#### Conservancy

The weekly collection of soil, from every premise having a pail closet, has been carried out by Contract. Means of disposal was to farm land and/or to small pits on a site owned by the Council and situated well outside the town area.

Vaults and cesspools were emptied, as required, by contract and as a free service to the occupiers. The number of vaults and cesspools emptied in this way was as follows:-

Cesspools.....	31
Vaults.....	12

#### REFUSE COLLECTION AND DISPOSAL

The collection of refuse is carried out on a weekly basis and covers the whole district except for approximately 12 properties which, because of their extreme isolation from the collection routes, cannot be accommodated. The collection is direct from the houses and where possible rear collections are made. The type of vehicle used was a "Karrier" side loading, rear tipping vehicle of 12 cubic yards capacity, manned by a Driver-loader and 3 loaders.

Provision is made for the collection of Trade Refuse at a fixed quarterly charge which varies with the number of bins collected from each premise.



The means of disposal of refuse is by semi-controlled tipping at a disused pit outside the built-up area of the town. In previous years one member of the vehicle crew carried out tip maintenance on  $2\frac{1}{2}$  days in every week but the acquisition of a tractor and blade released the man from this duty and allowed the vehicle crew to be at full strength for the whole week. The refuse is now "put down" by the tractor when required.

Regular inspections of the tip were made and it was found that frequent courses of treatment were necessary to keep down the rat colony. The autumn and winter was a particularly busy period for the rodent operator when rats from the surrounding farm lands, hedges and ditches converged on the refuse tip where there was a constant source of food supply, warmth and good cover.

## HOUSING

### Slum Clearance

As a result of the housing survey in 1955 it was considered that 140 houses were unfit for human habitation and should be dealt with in accordance with the provisions of the Housing Acts over a period of six years.

The following table summarises action taken during the year:-

Number of defects remedied by informal action.....	57
Number of demolition orders made during the year.....	28
Number of closing orders made during the year.....	-
Houses demolished as a result of formal or informal procedure.....	18
Number of families re-housed.....	4

A summary of action taken under the Housing Acts to date is as follows:-

Houses demolished .....	62
Unoccupied houses with demolition orders but allowed to stand for various reasons for the time being .....	27
Houses with demolition orders not yet operative .....	10
Undertakings not to use for human habitation .....	10
Closing Orders .....	4
Compulsory Purchase Orders - houses vacated but not yet demolished.	14
Compulsory Purchase Orders - houses still occupied .	1
Compulsory Purchase Orders - bakehouse occupied .....	1

### Improvement Grants

Few owners took advantage of the facilities provided under the above Act to make applications to the Council for grant aid to improve their houses. The usual improvements covered by the grants were for the installation of baths, sinks, hot and cold water supply, water closets, drainage, proper ventilation and facilities for the storage of food. 8 only applications were made, 5 of which were for "Standard Grants" and the other 3 for "Discretionary Grants." The discretionary grant is conditional upon the house being brought into a good state of repair and to that end detailed inspections of each house were made and full schedules of the works required were prepared and forwarded to the owners concerned.

The total of grant aid paid to applicants during the year amounted to £625.

Number of new houses erected and occupied was as follows:-

Private Dwellings .....	24
Council Houses .....	61

# SANITARY INSPECTION OF THE AREA

The following table summarises the inspections made during the year by your Public Health Inspector:-

Description	Inspections	Informal notices	No. abated
Drainage of Premises	138	28	28
Survey of house drainage for connection to new sewer	141	-	-
General Nuisances	154	73	67
Infectious Diseases	4	-	-
Rats and Mice	See Section "Damage by Pests Act, 1949."		
Dangerous Structures	10	4	4
Verminous and filthy premises	24	6 5 disinfections	6
Housing Investigations (re application for Council Houses)	6	-	-
Housing General	210	See Section "Housing"	
Factories	208	See Section "Factories"	
Bakehouses	11	-	-
Butchers Shops	84	6	6
Food Shops and Premises	125	18	18
Restaurants and Cafes	28	4	4
Fried Fish Shops	12	-	-
Ice-Cream Premises	23	-	-
Milk Stores	15	2	2
Market Stalls	106	19	19
Public Houses	23	-	-
Marine Store Dealers	15	-	-
Slaughterhouses	315	6	4



# PREVENTION OF DAMAGE BY PESTS ACT, 1949.

One man is employed by the Council on a part-time basis for the destruction of rats and mice. The Rodent Operator has been fully trained and from time to time has attended Refresher Courses arranged by the Ministry's Infestation Division to keep operators up to date in methods of rodent control.

The undermentioned inspections and course of treatments have been carried out in accordance with the provisions of the above Act which states that - "It will be the duty of every Local Authority to take such steps as may be necessary to secure as far as is practicable that their district is kept free from rats and mice."

It will be noted that every dwelling, business premise, farm, allotment - in fact every property within the Borough boundary - received at least one visit during the year.

	Type of Property				
	Non-Agricultural				Agri-cultural (5)
	Local Auth- ority  (1)	Dwelling Houses (Inc. Council Houses (2)	All other including Business Premises) (3)	Total of Cols. 1, 2 & 3 (4)	
Number of properties in Local Authority's District	22	1679	294	1995	23
Number of properties in- spected as a result of (a) Notification (b) Survey under the Act (c) Otherwise (e.g. when visited primarily for some other purpose	-	33	7	40	-
	22	1646	287	1955	23
	-	-	-	-	-
Number of properties inspected which were found to be infested by: (a) Rats (Major Minor (b) Mice (Major Minor	1	-	-	1	-
	13	122	12	147	7
	-	-	-	-	-
	-	9	3	12	-
Number of infested proper- ties treated by the L.A.	14	131	7	152	-
Total treatments carried out including retreat- ments	-	-	-	-	-
Number of notices served under Section 4 of the Act (a) Treatment (b) Structural Work (i.e. Proofing)	-	-	8	8	3
	-	-	-	-	-
Number of cases in which default action was taken following the issue of a notice under Sect. 4 of the Act	-	-	-	-	-

Note: The above figures in each case relate to the number of properties inspected and not to the number of inspections, infestations or treatments at each property.

## Maintenance treatment for rats in sewers

The foul sewerage system was tested during December, 1959 by baiting selected manholes to cover all lines of the sewer. No takes of prebait were observed over a period of 10 days which indicated that the system was free from any infestation.

## FOOD INSPECTION

### (i) Milk Supply

Milk Distribution has been satisfactory. Regular inspections of all vehicles used in the area for the distribution of milk have been made to ensure that cleanliness was observed by personnel to prevent contamination of milk in transit.

Since the coming into operation on 25th November, 1957, of the Milk (Special Designations) (Specified Areas) (No. 2) Order all milk retailed in the Borough has had to be Designated Milk.

There are five registered distributors of milk in the District who are licensed to sell designated milk as follows:-

Distributor 1	- "Dealers Licence"	- Sterilised, Pasteurised, T.T. (Pasteurised)
Distributor 2	- "Dealers Licence"	- Pasteurised, T.T. (Pasteurised), Tuberculin Tested
Distributor 3	- "Dealers Licence"	- Pasteurised, T.T. (Pasteurised)
Distributor 4	- "Dealers Licence"	- Pasteurised, Tuberculin Tested
Distributor 5	- "Supplementary Licence"	- Sterilised, Pasteurised, T.T. (Pasteurised)

All supplies of milk are brought in from outside this district.

### (ii) Meat and Other Foods

A considerable quantity of meat and other foods were examined during the year resulting in the following list of foods being condemned and destroyed as unfit for human consumption:-

Tomato Purée	.. .. .	1,360 x 5 kilo cans
Tinned Peaches	.. .. .	43 x 5 kilo cans
Tinned Meat	.. .. .	36 lbs.
Fish	.. .. .	135 lbs.
Various other tinned foods	.. .. .	164 tins.

The method of disposal of condemned food was by incineration carried out mainly at the Corporation tip.

## MEAT

### Slaughterhouses

There are two private slaughterhouses in use, one of which is used solely by the owner for his own butchery business, the other is shared by two other butchers. The three remaining butchers in the town "import" carcass meat from outside the district for their retail businesses.

Detailed inspections of the two slaughterhouses were made and consultations held with the owners with a view to improving, altering and adopting the premises to comply with new legislation contained in the Slaughterhouses Act, 1958, The Slaughterhouses (Hygiene) Regulations, 1958 and The Slaughter of Animals (Prevention of Cruelty) Regulations, 1958. It was agreed that both premises could be brought up to the required standards.

One slaughterhouse has been approved as a Deadweight <sup>ion</sup> Certificated Centre by the Ministry of Agriculture, Fisheries and Food where pigs only may be presented by producers and certified as eligible for the guarantee payments under the Fatstock Guarantee Scheme. Your Public Health Inspector is the appointed Certifying Officer for which a fee is payable to the Council.



413 pigs were weighed and certified as eligible for the guarantee payment under the Scheme.

Although the number of animals killed has not been large, some 315 visits have been paid to the slaughterhouses necessitated by the frequency of slaughtering in small quantities; 47 of these visits were for Sunday slaughtering.

The general quality of the animals inspected at the slaughterhouses has been good. The total weight of fresh meat and offal condemned and destroyed as unfit for human consumption was as follows:-

All diseases except Tuberculosis & Cysticerci		Tuberculosis Only	
Offal	Meat	Offal	Meat
581 lbs.	64 lbs.	63 lbs.	131 lbs.

Carcases and Offal inspected and condemned in whole or in part

	Cattle Excluding Cows	Cows	Calves	Sheep and Lambs	Pigs	Horses
Number killed	253	-	-	332	714	-
Number inspected	253	-	-	332	714	-
<u>All Diseases except Tuberculosis &amp; Cysticerci</u> Whole carcasses condemned	-	-	-	-	-	-
Carcasses of which some part or organ was condemned	44	-	-	3	29	-
Percentage of the number inspected affected with disease other than tuberculosis and cysticerci	17.39%	-	-	0.9%	4.06%	-
<u>Tuberculosis only</u> Whole carcasses condemned	-	-	-	-	-	-
Carcasses of which some part or organ was condemned	2	-	-	-	17	-
Percentage of the number inspected affected with tuberculosis	0.79%	-	-	-	2.38%	-
<u>Cysticercosis</u> Carcasses of which some part or organ was condemned	-	-	-	-	-	-
Carcasses submitted to treatment by refrigeration	-	-	-	-	-	-
Generalised and totally condemned	-	-	-	-	-	-

Food Premises

The legislation governing food premises is contained in the Food & Drugs Act, 1955, and The Food Hygiene Regulations, 1955 and gives local authorities powers to secure the observance of sanitary and cleanly conditions and practices in the handling and wrapping of food. The Regulations lay down requirements relating to food premises, including facilities for personal cleanliness, washing of food and equipment, provision of sinks, wash hand basins with supplies of hot and cold water, and for the general good construction, repair and cleanliness of the structure of food rooms. There are also provisions relating to stalls and the transport and handling of meat.

Regular inspections were made at all the food businesses in the district when advice was given and where necessary letters were sent requesting certain works to bring the premises up to the standards required. There were no prosecutions.

In addition to the personal approach on the subject of clean food, abstracts of the requirements of the Regulations, together with posters to bring the attention of food traders and all persons handling food to the importance of preventing contamination of food by flies, dirt, infected hands etc., were sent to all occupiers of food premises.

The general public can play an active part in ensuring that a clean product is offered for sale by complaining at food premises concerned when any unhygienic practice is noticed. Many practices can be stopped such as blowing into paper bags; licking fingers when picking up wrapping paper; handling unwrapped sweets; wearing dirty protective clothing; smoking in rooms where open food is kept or handling food with dirty hands and nails.

The number of food premises registered under Section 16 of the Food and Drugs Act, 1955, is as follows:-

- (1) For the purpose of "the preparation of fish by any process of cooking, for sale for human consumption" ..... 2
- (2) For the purpose of "the sale of Ice-Cream" ..... 16
- (3) For the purpose of "the preparation or manufacture of sausages or potted, pressed, pickled or preserved food intended for sale for human consumption including the preparation of meat by any process of cooking" ..... 6

The number of food premises in the area by type of business is as follows:-

Type of Business	No.
Cafes, Restaurants .. .. .	14
Greengrocers .. .. .	15
Grocers .. .. .	14
Confectionery, Cakes etc. .. .. .	25
Public Houses .. .. .	16
Fried Fish Shops .. .. .	2
Wet Fish Shops .. .. .	4
Bakehouses .. .. .	2
General Stores .. .. .	13
Butchers Shops .. .. .	6
Sale of Ice-Cream .. .. .	16



Ice-Cream

There are 16 premises registered in accordance with Section 16 of the Food and Drugs Act, 1955, for the sale only of Ice-Cream. In all cases the Ice-Cream is sold as wrapped.

Samples were submitted to the Public Health Laboratory for Bacteriological examination and the reports received showed the samples to be graded as under:-

Grade I	..	..	..	..	..	..	..	..	..	..	21
Grade II	..	..	..	..	..	..	..	..	..	..	2

FACTORIES ACTS, 1937 & 1948

Part I of the Act

1. Inspections for purposes of provisions as to health (including inspections made by Public Health Inspectors).

Premises	Number on Register	Number of		
		Inspections	Written Notices	Occupiers prosecuted
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	2	18	4	-
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	45	107	6	-
(iii) Other premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)	22	83	3	-
Total	69	208	13	-

FACTORIES ACT, 1937 & 1948

Part I of the Act (Cont'd)

Particulars	Number of cases in which defects were found				Number of cases in which prosecutions were instituted
	Found	Remedied	Referred To H.M. Inspector	By H.M. Inspector	
Want of cleanliness	4	4	-	-	-
Overcrowding	-	-	-	-	-
Unreasonable temperature	-	-	-	-	-
Inadequate ventilation	-	-	-	-	-
Ineffective drainage of floors	-	-	-	-	-
Sanitary Conveniences					
(a) Insufficient	2	2	-	-	-
(b) Unsuitable or defective	4	3	-	-	-
(c) Not separate sexes	-	-	-	-	-
Other offences against the Act (not including offences relating to Outwork)	7	7	-	-	-
Total	17	16	-	-	-

Three certificates as to "Means of Escape in Case of Fire" were issued during the year.



Part VIII of the Act

Outwork

(Sections 110 and 111)

Nature of work	No. of out-workers in August list required by Sect. 110 (1) (c)	No. of cases of default in sending lists to the Council	No. of prosecutions for failure to supply lists	No. of instances of work in un-wholesome premises	Notices served	Prosecutions
Wearing apparel Making, etc.	1	-	-	-	-	-
Cleaning and washing	-	-	-	-	-	-
Total	1	-	-	-	-	-

I have the honour to be,  
Your obedient Servant,

R. C. R. ROBINSON,

Public Health Inspector.

APPENDIX

Lincolne Sutton & Wood,  
Analytical and Consulting  
Chemists,

Clarence House,  
6 Clarence Road,  
Norwich.

Cert. No. 750.K

Lab. No. 8671/W

15th June, 1959.

CERTIFICATE OF ANALYSIS OF WATER

Sample received 1st June, 1959.

Marked Public Supply, reservoir at Waterworks, Mundford Road.

Appearance when received clear.

Nature of Deposit nil.

Colour nil.

Odour nil.

Reaction faintly alkaline pH 7.5

Taste satisfactory

RESULTS OF CHEMICAL ANALYSIS IN PARTS PER MILLION

Ammoniacal nitrogen	0.01	Hardness as $\text{CaCO}_3$	
Albuminoid nitrogen	0.02	Total	245
Nitrate nitrogen	8	Carbonate (temporary)	190
Nitrite nitrogen	nil	Non-carbonate (permanent)	55
Chlorine as chlorides	32	Alkalinity as $\text{CaCO}_3$	190
Oxygen absorbed (4 hr., $27^\circ\text{C}.$ )	0.06	Free carbon dioxide	15
		Total solids (at $180^\circ\text{C}.$ )	350
		Iron (total)	0.06

Metals in solution other than iron nil

OPINION

The analysis of this water differs little from those of previous occasions. The organic quality is very good and the chemical analysis shows no sign of pollution. The sample was free from metallic contamination and its clarity, odour and taste were satisfactory. The total hardness is about  $17^\circ$  Clark and the water would not be expected to have any marked corrosive action on metals. In our opinion this water is very suitable for drinking and general purposes.

(Signed) Lincolne Sutton & Wood.



Cert. No. 220.L  
Lab. No. 9444/W

Lincolne Sutton & Wood,  
Analytical and Consulting Chemists,  
Clarence House,  
6 Clarence Road,  
Norwich.

8th December, 1959.

CERTIFICATE OF ANALYSIS OF WATER

Sample received 28th October, 1959.

Marked TBC/59/2C. Bore, Barnham Common, tap on rising main

Appearance when received clear

Nature of Deposit nil

Colour nil

Odour nil

Reaction neutral pH 7.1

Taste satisfactory

RESULTS OF CHEMICAL ANALYSIS IN PARTS PER MILLION

Ammoniacal nitrogen	0.01	Hardness as $\text{CaCO}_3$	
Albuminoid nitrogen	0.02	Total	210
Nitrate nitrogen	4	Carbonate (temporary)	175
Nitrite nitrogen	nil	Non-Carbonate (permanent)	35
Chlorine as chlorides	14	Alkalinity as $\text{CaCO}_3$	175
Oxygen absorbed (4 hr., $27^\circ\text{C}$ )	0.18	Free carbon dioxide	9
Sulphate as $\text{SO}_4$	15	Total solids (at $180^\circ\text{C}$ .)	260
Silicia as $\text{SiO}_2$	6	Iron (total)	0.08
Fluorine as F	0.1	Metals in solution other than iron	nil
Calcium as Ca	78	Magnesium as Mg	4
Sodium as Na	12	Carbonate as $\text{CO}_3$	105
Chloride as Cl	14	Nitrate as $\text{NO}_3$	18

OPINION

This water is of very good organic quality and there is no evidence of pollution from the chemical analysis. The total hardness is rather less than usual for East Anglian waters being approximately  $15^\circ$  Clark about  $12^\circ$  of which is temporary. The reaction is neutral and the water should not be seriously corrosive towards metals. Metallic contamination is absent apart from a trace of iron. The general appearance, odour and taste are quite satisfactory and in our opinion from the chemical analysis this water is suitable for drinking and general purposes.

Signed Lincolne Sutton & Wood.

Lincolne Sutton & Wood,  
Analytical and Consulting  
Chemists,  
Clarence House,  
6 Clarence Road,  
Norwich.

Cert. No. 221.L  
Lab No. 9445/W

8th December, 1959.

CERTIFICATE OF ANALYSIS OF WATER

Sample received 28th October, 1959.

Marked TBC/59/3C. Reservoir at Waterworks, Mundford Road

Appearance when received clear

Nature of Deposit nil

Colour nil

Odour nil

Reaction neutral pH 7.1

Taste satisfactory

RESULTS OF CHEMICAL ANALYSIS IN PARTS PER MILLION

Ammoniacal nitrogen	0.06	Hardness as CaCO <sub>3</sub>	
Albuminoid nitrogen	0.03	Total	250
Nitrate nitrogen	6	Carbonate (temporary)	190
Nitrite nitrogen	nil	Non-carbonate (permanent)	60
Chlorine as chlorides	20	Alkalinity as CaCO <sub>3</sub>	190
Oxygen absorbed (4 hr., 27°C.)	0.07	Free carbon dioxide	16
Fluorine as F	0.1	Total solids (at 180°C.)	340
Silica as SiO <sub>2</sub>	7.0	Iron (total)	0.05
Sulphate as SO <sub>4</sub>	18	Metals in solution other than iron	nil
Calcium as Ca	95	Magnesium as Mg	5
Sodium as Na	8	Carbonate as CO <sub>3</sub>	115
Chloride as Cl	20	Nitrate as NO <sub>3</sub>	27

OPINION

The analysis of this water shows only minor differences from that reported on the 15th June, 1959 (our Cert. No. 750.K). The organic quality of the water is good and the chemical analysis shows no evidence of pollution. The total hardness is approximately 17½° Clark of which approximately 13½° is temporary. Metallic contamination is absent apart from a trace of iron. The water would not be expected to have any serious corrosive action on metals. The fluorine content is low as is usual for many East Anglian waters. The appearance, odour and taste are all satisfactory and in our opinion from the chemical analysis this water is very suitable for drinking and general purposes.

(Signed) Lincolne Sutton & Wood.





